

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400001	CITY OR TOWN WILLIAMSBURG
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: AMERICAN LEGION GERALD	E.LARKIN POST 236 INC.
DOING BUSINESS A	
ADDRESS 5 BRIDGE ST.	
CITY/TOWN: WILLIAMSBURG STATE:	MA ZIP CODE: 01039
MANAGER: SIKOP, KARL E. TYPE OF LICEN	SE: Veterans club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
THREE ROOMS ON THE FIRST FLOOR AND ONE STORY BLDG. STORAGE ROOM ON THE FIRST F	
I hereby certify and swear under penalties of perjury tha	i:
1. the renewed license will be of the same type	for the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If no	ot explain below)
SIGNED BY:	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession	(1) the certificate required by Chapter 304 of the
Acts of 2004, signed by the building inspector and the	e head of the fire department for the above named
license and (2) the certificate of liquor liability insur	ance required by Chapter 116 of the Acts of 2010.
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(ii disappioved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	a: 147400004		CITY O	R TOWN	WILLIAM	SBURG
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 183 MAI	A BEAVER BROO		UB			
CITY/TOWN: WIL		STATE: MA	ZIP	CODE:	01039	
MANAGER: LOO		PE OF LICENSE:				All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI		R EMAIL ADDRES	SS		
DESCRIPTION OF 1 2ND FLR DINING A AREA IN THE CLU SIDES.	AREA, BAR AREA,	OUTDOOR PATI				
2. the license	ed license will be of the ee has complied with sees are now open for	all laws of the Cor	mmonwealth	relating to		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Offic	er		
DATE:	TELEPHON	E NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor	spector and the he	ad of the fi	re departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL By:	L LICENS	ING AUTHO	ORITY
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED BY LI	CENSEES DURING THE	E MONTH OF NO	OVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	147400009		CITY OR TOWN	WILLIAMS	SBURG
APPLICATION FOR I	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DARU ENTERPRISE	ES, INC			
DOING BUSINESS A	MAIN STREET PA	CKAGE STORE			
ADDRESS 00035B M	AIN ST				
CITY/TOWN: WILL	IAMSBURG	STATE: MA	ZIP CODE:	01096	
MANAGER: URBAL DAVIE		OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	MAIL ADDRESS		L
DESCRIPTION OF LI	CENSED PREMISES	S:			
FIRST FLOOR APPROADJOINING ROOM;			CE WITH STORAGE	E IN A SEPA	ARATE
2. the licensee	l license will be of the has complied with all s are now open for bu	l laws of the Comm	nonwealth relating to		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:	1		By:		
(If disapproved explain)				
DATE:					
DATE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 14/400010		CITY OR TOV	VN WILLIAM	SDUKU
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BACON, PAUL E.				
DOING BUSINESS	A BACON'S PKG STO	ORE			
ADDRESS 27 GOS	HEN RD				
CITY/TOWN: WII	LIAMSBURG	STATE: MA	ZIP CODE	: 01096	
MANAGER:	TYPE	OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	S:			
THREE ROOMS IN	A ONE STORY BLDG	WITH NO CEL	LAR, ON THE V	WEST SIDE OF	RTE 9
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	same premises	now licensed;	
2. the licens	see has complied with all	laws of the Com	monwealth relati	ng to taxes; and	
3. the premi	ises are now open for bu	siness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	orate Officer		
			ļ		
DATE:	TELEPHONE N	NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	TEEET HOLVE	(CIVIDLIC	(Note: NO)	Γ Individual Social S	ecurity Number)
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-:)				
(If disapproved expl	aiii)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below:	LICENSE NUMBE	R: 147400011		CITY OR TOWN	WILLIAM	SBURG
LICENSEE NAME: BURGY BULLETS SNOWMOBILE CLUB, INC. DOING BUSINESS A ADDRESS 12 LAUREL RD. CITY/TOWN: WILLIAMSBURG STATE: MA ZIP CODE: 01039 MANAGER: CHERESKI, MARK TYPE OF LICENSE:Club CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: [If disapproved explain]	APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
DOING BUSINESS A ADDRESS 12 LAUREL RD. CITY/TOWN: WILLIAMSBURG STATE: MA ZIP CODE: 01039 MANAGER: CHERESKI, MARK TYPE OF LICENSE; Club CATEGORY: All Alcohol EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL. ADDRESS DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UI GISAPPROVED: UI GISAPPROVED: UI GISAPPROVED: UI GISAPPROVED: UI GISAPPROVED: UI GISAPPROVED: UI CAL LICENSING AUTHORITY By: UI CAL LICENSING AUTHORITY By: UI CAL LICENSING AUTHORITY By: DISAPPROVED:			CLASS			YEAR
ADDRESS 12 LAUREL RD. CITY/TOWN: WILLIAMSBURG STATE: MA ZIP CODE: 01039 MANAGER: CHERESKI, MARK TYPE OF LICENSE:Club CATEGORY: All Alcohol EMAIL ADDRESS: FLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	LICENSEE NAME	: BURGY BULLETS S	NOWMOBILE C	LUB, INC.		
MANAGER: CHERESKI, MARK TYPE OF LICENSE:Club CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGI disapproved explain)	DOING BUSINESS	S A				
MANAGER: CHERESKI, MARK TYPE OF LICENSE:Club EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	ADDRESS 12 LAU	JREL RD.				
DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: (If disapproved explain)	CITY/TOWN: WI	LLIAMSBURG	STATE: MA	ZIP CODE:	01039	
DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	MANAGER: CHI	ERESKI, MARK TYPE (OF LICENSE: Clu	ib C	ATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES: DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	EMAIL ADDRESS	:				
DOUBLE LEVEL 3 DOORS ON WEST WALL. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UCCAL LICENSING AUTHORITY By: UCCAL LICENSING AUTHORITY By: UCCAL LICENSING AUTHORITY By:		PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UGI disapproved explain)	-					
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Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: UCCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)						
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain)	SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below:		1101 (1000), 1 010101 01	· · · · · · · · · · · · · · · · · · ·			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below:						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)	DATE:	TELEPHONE N	IIIMRER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)		TELEI HONE I	CWIDEK.			
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)						
license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)						
APPROVED: By: DISAPPROVED: U (If disapproved explain)						
DISAPPROVED:	Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
(If disapproved explain)	APPROVED:			By:		
	DISAPPROVED:			•		
	(If disapproved exp	lain)				<u> </u>
				-		
DATE:	DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 147400021		CITY OR TO	WN WILLIAM	ISBURG
APPLICATION 1	FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: NICKOLAOS S	SIERROS			
DOING BUSINE	ESS A A-1 HILLTOV	VN PIZZA			
ADDRESS 35 M	IAIN ST				
CITY/TOWN: \	WILLIAMSBURG	STATE: M	A ZIP CODI	E: 01096	
MANAGER:	Т	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:				
		R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
	OF LICENSED PRE				
	L, SINGLE FLOOR F ΓRANCE AND SPEC				
3. the pro-	emises are now open Individual, Part	for business (If not exner or Authorized Co	. ,		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA $^{\prime}$ $\overline{\mathbf{T}}$ Individual Social $^{\prime}$	
Acts of 2004, sig	gned, attest that we a gned by the building he certificate of liqu	inspector and the h	ead of the fire de	partment for the	e above named
Please Check Below:	<u>:</u>		LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED (If disapproved e.			Ву:		
(ii disappioved e.	Apidiii)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147400023		CITY OR TOWN	WILLIAM	SBURG
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 51 GOS	A PAT'S	IITH & MICHELIN	IE CHAMPAGNE		
CITY/TOWN: WII	LIAMSBURG	STATE: N	IA ZIP CODE:	01096	
	TH & T MPAGNE	YPE OF LICENSE	:Package Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		R WEBSITE AND ENTER YO MISES:	UR EMAIL ADDRESS		
2. the licens	ved license will be ee has complied w	of the same type for	the same premises now commonwealth relating explain below)		
	Individual, Parti	ner or Authorized C	orporate Officer		
DATE:	TELEPHO	ONE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explanation)	ain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 14/400024		CITY OR TOWN	WILLIAM	SDUKU
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: McFADDEN'S LLC				
DOING BUSINESS	S A McFADDEN'S PU	$\sqrt{\mathbf{B}}$			
ADDRESS 109 Ma	in St				
CITY/TOWN: WI	LLIAMSBURG	STATE: MA	ZIP CODE:	01039	
	CAWICZ, TYPI NNIS	E OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMISI	ES:			
restauarnt with bar a	area. Storage area and v	walk in cooler			
I hereby certify and	swear under penalties of	of perjury that:			
1. the renev	wed license will be of the	ne same type for the	same premises no	w licensed;	
2. the licen	see has complied with a	all laws of the Comm	nonwealth relating	to taxes; and	
3. the prem	nises are now open for b	ousiness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	Individual Social S	Security Number)
We the undersign	ed, attest that we are i	n necession (1) the	oortificata raqui	ired by Chant	or 304 of the
	ed by the building insp				
license and (2) the	certificate of liquor li	ability insurance re	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 14/400025		CITY OR TOWN	WILLIAMS	DUKU
APPLICATION FO	OR RENEWAL:	Annual	LICENSE	ED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME	: BREWMASTERS T	CAVERN, LTD.			
DOING BUSINESS	S A THE BREWMAST	TERS TAVERN			
ADDRESS 4 MAIN	N STREET				
CITY/TOWN: WI	LLIAMSBURG	STATE: MA	ZIP CODE:	01039	
MANAGER: RIZ	OS, ANTONIOS TYPI	E OF LICENSE: Rest	caurant CAT	EGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISE	ES:			
	Q. FT. OF DINING SPA N 2ND FL;APPROX. 5				
I hereby certify and	swear under penalties of	of perjury that:			
1. the renev	wed license will be of the	ne same type for the s	same premises now lie	ensed;	
2. the licen	see has complied with a	all laws of the Comm	onwealth relating to t	axes; and	
3. the prem	nises are now open for b	usiness (If not explain	in below)		
SIGNED BY:	Individual Doutnon o	or Authorized Corpor	esta Offican		
	murviduai, Farmer d	or Aumorized Corpor	ate Officer		
DATE:	TELEDITORE		EMDI OVED II		ION NUMBER:
DITE.	TELEPHONE	NUMBER:	(Note: NOT Indivi		
	ed, attest that we are i ed by the building insp				
	certificate of liquor li				
Please Check Below:			LOCAL LICENSIN	IG AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)		·		
DATE:			-		
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	1/400027		CITY OR TOWN	WILLIAM	SDUKU
APPLICATION FOR RI	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: B	IG MAMOU LLC				
DOING BUSINESS A	CHEF WAYNE'S BIO	G MAMOU			
ADDRESS 15 MAIN ST	ГКЕЕТ				
CITY/TOWN: WILLIA	AMSBURG S	STATE: MA	ZIP CODE:	01096	
MANAGER: DELIS, 1	PETER N. TYPE O	F LICENSE:Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISES:				
FREE STANDING RES	TAURANT LOCATE	ED AT 15 MAIN	STREET WILLIA	MSBURG	
I hereby certify and swea	ar under penalties of p	erjury that:			
1. the renewed l	icense will be of the s	ame type for the	same premises now	licensed;	
2. the licensee h	as complied with all l	aws of the Comn	nonwealth relating t	o taxes; and	
3. the premises	are now open for busing	ness (If not expla	in below)		
SIGNED BY:					
	ndividual, Partner or A	authorized Corpo	rate Officer		
DATE:	TELEDIJONE M	UN ADED	EMPI OVEI	R IDENTIFICAT	ΠΟΝ NUMBER:
DITTE.	TELEPHONE N	JMBER:			Security Number)
			(***** <u>=.e=</u>	in ridual Social S	recurry reamour)
We the undersigned, a					
Acts of 2004, signed by license and (2) the cert					
	meate of fiquor flabi	nty msurance re	equired by Chapte	r 110 or the	Acts 01 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	147400028		CITY OR TOWN	WILLIAM	SDUKU
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BREAD EUPHORIA I	Ĺ LC			
DOING BUSINESS A	A BREAD EUPHORIA	L			
ADDRESS 206 MAIN	N STREET				
CITY/TOWN: WILI	LIAMSBURG	STATE: MA	ZIP CODE:	01039	
MANAGER: POLL	ARD, MARK TYPE (OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					1
<u> </u>	LEASE ALSO VISIT OUR WEBSII	TE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	:			
	ND SURROUNDING (IDE EXITTWO EXIT				RONT
I hereby certify and sv	vear under penalties of p	perjury that:			
1. the renewe	d license will be of the	same type for the	same premises now	licensed;	
2. the license	e has complied with all	laws of the Comr	nonwealth relating t	to taxes; and	
3. the premise	es are now open for bus	iness (If not expla	ain below)		
SIGNED BY:			0.55		
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHONE N	IUMBER:			TON NUMBER:
			(Note: <u>NOT</u> III	dividual Social S	ecurity Number)
We the undersigned	, attest that we are in	possession (1) the	e certificate requir	ed by Chapte	er 304 of the
	by the building inspec				
ncense and (2) the co	ertificate of liquor liab	mity insurance r	equired by Chapte	r 110 of the	ACIS 01 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explai	n)				
(11 disappiored expidi	··· <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 147400029		CITY OR TOWN	WILLIAM	SBURG
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	LLL RESTAURANT	,LLC			
DOING BUSINESS	A PANDA GARDEN				
ADDRESS 49 MAII	N STREET				
CITY/TOWN: WII	LIAMSBURG	STATE: MA	ZIP CODE:	01039	
MANAGER: LAU	, KAM CHOW TYPE	OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
	COLONIAL SHOPPES TY 130. ONE ENTRA AR.				OAD.
I hereby certify and	swear under penalties o	f perjury that:			
1. the renew	ed license will be of the	e same type for th	e same premises now	licensed;	
2. the licens	ee has complied with a	ll laws of the Con	monwealth relating to	taxes; and	
3. the premi	ses are now open for bu	usiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NIIMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
	TEEETHONE	TVOWIDER.	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	ıd of the fire departı	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
APPROVED: DISAPPROVED: [ING AUTHO	ORITY
APPROVED:	ain)			ING AUTHO	ORITY
APPROVED: DISAPPROVED: [ain)			ING AUTHO	ORITY